**FEC** 

## **STATEMENT OF**

| FORM 1  | ORGANIZ                                    | ZATION   |                |                                 |
|---|--|--|----------------|---------------------------------|
| i Oitim i   | (See instruct                              | tions)   |                | Office use only                 |
| NAME OF COMMITTEE (in f                               | (Check if name is changed)                 | Example: If typying, type over the lines                               | 12FE4M5        |                                 |
| AAI CORPORA   | TION POLITICAL ACTION COM                  | /MITTEE  | 11111          |                                 |
|   |  |  |                |                                 |
| ADDRESS (number and s                                 | PO BOX 126                                 |  |                |                                 |
| (Check if address is changed)                         |  |  |                |                                 |
|   | HUNT VALLEY                                |  | MD             | 21030                           |
|   |  | CITY▲  | STATE          | ZIP CODE 📥                      |
| COMMITTEE'S E-MAI                                     | L ADDRESS (Please provide only one         | e-mail address)  |                |                                 |
| (Check if address is changed)                         | christ@aaicorp.co                          | m<br>  |                |                                 |
|   |  |  |                |                                 |
| COMMITTEE'S WEB I<br>(Check if address<br>is changed) | PAGE ADDRESS (URL)                         |  |                |                                 |
| 2. DATE 0,3   | / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |  |                |                                 |
| 3. FEC IDENTIFICATION                                 | TION NUMBER                                | C C00169508  |                |                                 |
| 4. IS THIS STATEM                                     | ENT NEW (N) OR                             | X AMENDED (A)  |                |                                 |
| I certify that I have examin                          | ned this Statement and to the best of my k | nowledge and belief it is true, correc                                 | t and complete |                                 |
| Type or Print Name of <sup>2</sup>                    | Treasurer Richard Crist                    |  |                |                                 |
| Signature of Treasurer                                | Electronically Filed by <b>Richard</b>     | Crist  | Date 0 4       | 27 2009                         |
| NOTE: Submission of fals                              | se, erroneous, or incomplete information n | nay subject the person signing this S                                  |                |                                 |
| Office<br>Use<br>Only                                 |  | For further informati<br>Federal Election Com<br>Toll Free 800-424-953 | nission        | FEC FORM 1<br>(Revised 02/2009) |